
WISCONSIN MEDICAID UPDATE

OCTOBER 9, 1995

UPDATE 95-36

TO:
Home Health Agencies
Nurses in Independent
Practice

Home Health Changes for Medication Management - Effective for Dates of Service on and after July 1, 1995

Wisconsin 1995-1997 Biennial Budget Provision

Wisconsin Act 27, Laws of 1995, the biennial budget, includes a provision that sets the maximum allowable fee for a Medication Management Visit to \$37.00 effective for dates of service on and after July 1, 1995.

New Medication Management Visit Procedure Code

Effective for dates of service on and after July 1, 1995, a Medication Management Visit must be billed with procedure code W9932 (type of service 1). You must use this procedure code when providing a Medication Management Visit.

A Medication Management Visit is a visit in which a *nurse* provides medication management services only.

Medication management services may be medically necessary when the recipient is physically or cognitively unable to follow a medication program without assistance, and no other willing and able caregiver is available.

You must use this new procedure code to request prior authorization and to submit a claim for a Medication Management Visit. Bill a Medication Management Visit as a whole unit (a single visit is equal to one unit).

When skilled nursing services are provided in addition to medication management services, the visit is a Home Health Nursing Visit. You may bill a Home Health Nursing Visit using procedure code W9930 (Home Health Nursing Initial Visit) or procedure code W9940 (Home Health Nursing Subsequent Visit).

Highlights of this *Wisconsin Medicaid Update*

- * Medication Management Visits must be billed under the new procedure code W9932
- * Current prior authorizations must be amended to transfer Home Health Nursing Visits to Medication Management Visits, as appropriate
- * Claims paid for Home Health Nursing Visits provided on and after July 1, 1995, must be adjusted if only Medication Management Visits were actually provided

A Medication Management Visit is a visit in which a nurse provides medication management services only.

Medication Management Services - Criteria

A Medication Management Visit may include the following services.

- ① administering medication, other than intravenous, requiring the skills of a nurse when administration cannot be safely delegated to a home health aide or personal care worker
 - ✓ Intravenous medication or fluid administration may be billed as a Home Health Nursing Visit (W9930 or W9940).
 - ✓ Intramuscular and subcutaneous injections are Medication Management Visits. This includes sliding scale insulin injections.
- ② prefilling syringes for self-injection when the recipient is not capable and a pharmacy is not available
- ③ setting up medication for self-administration, administration, or assistance with administration by an unlicensed caregiver when the recipient is not capable and a pharmacy is not available
 - ✓ Medication set-up includes changing medications, programming an electronic medication dispenser, and instructing the recipient about the medication program and dispenser.
- ④ providing other services directly related to a medication program (these services are identified on a case-by-case basis)

Services Provided by a Home Health Aide or a Personal Care Worker

Do *not* use procedure code W9932 (Medication Management Visit) to bill for

medication assistance or administration provided by a health aide or personal care worker.

The following tasks are usually delegated to either a home health aide or personal care worker:

- ✓ assistance with medication administration
- ✓ medication administration (other than by intramuscular or subcutaneous injection, nasogastric, or intravenous administration)

Medication Management Coverage Guidelines

- ① All nursing services must be consolidated into one visit whenever possible.

When more than one visit is medically necessary, a Medication Management Visit *may* be billable on the same date of service as a Home Health Nursing Visit (W9930 or W9940) or Personal Care Supervisory Visit (W9906 or W9044). Medically unnecessary visits are recouped.

- ② An Ongoing Assessment Visit (W9925) is not covered if the recipient has received a Medication Management Visit within the past 62 days.

Billing Examples

1) A recipient needs a covered skilled nursing service (such as wound care), and a medication management service (such as an injection). The nurse provides both services in one visit. This is billed as a Home Health Nursing Visit.

2) A recipient needs medication set-up every two weeks to be administered by a personal care worker. A nurse schedules the fourth medication set-up during a Personal Care Supervisory Visit. This is billed under a Personal Care Supervisory Visit procedure code. Bill the medication set-up visits between supervisory visits as Medication Management Visits.

- ③ The 30-visit home health prior authorization threshold applies to Medication Management Visits.
- ④ Many assistive devices are available to help recipients with limited dexterity or visual impairment to fill insulin syringes. Your local pharmacy may be able to assist in locating these devices. If the recipient is still unable to fill his or her insulin syringe, and a pharmacy will not do so, Medication Management Visits to prefill insulin syringes may be authorized.
- ⑤ Medication set-up may be medically necessary to ensure the medication program is followed correctly, especially when a recipient takes multiple legend drugs at various times. It may also be necessary to allow safe delegation of administration to an unlicensed caregiver.
- ✓ Alternatives to setting up medications, such as picture charts, color coding, and alarm caps, should be considered.
 - ✓ Medication set-up is normally performed on a bi-weekly basis.
 - ✓ An additional visit to set up missing medications is not covered because Wisconsin Medicaid only pays for a completed service, not a partial service.
- ⑥ In some cases, a mix of Home Health Nursing Visits and Medication Management Visits is appropriate. To determine if a visit is Medication Management or Home Health Nursing, ask the following question:
- “If no medication management services were needed, would the visit otherwise qualify as a covered Home Health Nursing Visit?”
- ⑦ Medication Management Visits may be medically necessary and appropriate on a PRN basis.

Such PRN visits may be included in prior authorization requests, with documentation that the request is reasonable. Refer to *Wisconsin Medicaid Update 95-20* for instructions and more information on Home Health PRN Visits.

Limited Coverage of Psychiatric Medication Management Visits

Medication management services for recipients with mental illness generally are provided under other Wisconsin Medicaid benefits. Medication management services are provided as part of community support program (CSP) services, and therefore, are not covered home health services for recipients receiving covered CSP services (HSS 107.11 (5) (h), Wis. Admin. Code).

Also, medication management services are not covered home health services when these services are provided under outpatient psychotherapy and day treatment services (HSS 107.11 (5) (h), Wis. Admin. Code).

All home health nursing criteria apply when medication management services for mental health recipients are provided under home health services. This includes the following criteria.

- ✓ The recipient must be homebound.
- ✓ The medication management service must meet the criteria listed on page 2 in this Update.

Prior authorization requests must contain information on why the recipient is not in a CSP, day treatment, or other mental health service that can provide medication management services to the recipient.

If providers are not certain what resources are available for a particular mental health recipient, contact the recipient's county 51.42 community services board. This

agency, as specified under Chapter 51, Wis. Stats., is responsible for providing or arranging services for its citizens with mental health needs.

Contact the recipient's county department of human services or social services for the agency's phone number.

Current Prior Authorization Requests for Home Health Nursing Visits May Need to Be Amended by December 1, 1995

If you have a current prior authorization for Home Health Nursing Visits (W9930 or W9940), but some or all of those visits include only medication management services, you must amend the current prior authorization to transfer those visits to a Medication Management Visit (W9932).

To Transfer Home Health Nursing Visits to Medication Management Visits

- ✓ Submit a Prior Authorization Amendment Request Form to the fiscal agent
- ✓ On the amendment, request to transfer the current Home Health Nursing Visits (procedure code W9930 or W9940) to Medication Management Visits (procedure code W9932)

Transfer only those visits composed solely of medication management services. Prior authorization amendment requests to transfer Home Health Nursing Visits to Medication Management Visits must be received before December 1, 1995.

You must use the Medication Management Visit procedure code (W9932) for all Medication Management Visits provided on and after July 1, 1995, in which you have provided medication management services only.

Only the one-page amendment request form (Attachment 1) is necessary to

transfer visits to the new procedure code on a current prior authorization. You *do not* have to send in a new physician order and a copy of the current Prior Authorization Request Form (PA/RF).

However, if you send in the amendment with incorrect information, the amendment request form will be *returned*. To prevent this, you may want to send a copy of the current PA/RF with the amendment.

Attachment 1 has a Prior Authorization Amendment Request Form which may be photocopied and used to facilitate transferring Medication Management visits. The completion instructions are on the back of Attachment 1. Do not use Attachment 1 for other changes; use the standard amendment form for other changes.

Prior Authorization Requests Received on and after December 1, 1995

Amendment requests received on and after December 1, 1995, must use the standard amendment form and must include the physician's orders and a copy of the current PA/RF.

Attachment 3 has a sample PA/RF for Medication Management Visits.

Claims May Need to Be Adjusted

Claims paid for Home Health Nursing Visits (W9930 or W9940) provided on and after July 1, 1995, *must* be adjusted if Medication Management Visits were actually provided. Adjust only those claims which paid for a Home Health Nursing Visit that should have been a Medication Management Visit (W9932) because only medication management services were provided.

Claims with dates of service on and after July 1, 1995, for Medication Management

Visits *billed* as Home Health Nursing Visits may be recouped.

Attachment 2 has a sample Adjustment Request Form. Refer to Appendices 27 and 27a of Part A, the all-provider handbook, for an adjustment request form (which may be photocopied) and for completion instructions.

Special Home Health Service Requirements for Nurses in Independent Practice

Federal and state laws only allow Wisconsin Medicaid to pay for home health services by a nurse in independent practice when no home health agency is available. A nurse in independent practice is individually Wisconsin Medicaid-certified, and bills Wisconsin Medicaid directly.

If you are a nurse in independent practice, the following conditions must be met before you can bill Wisconsin Medicaid for home health services. (This does not apply when you provide private duty nursing or respiratory care services.)

- ① No home health agency is willing and able to provide care. If you bill Wisconsin Medicaid, you must have documentation to support this. You must submit this documentation with your prior authorization request. You, the recipient, the recipient's family, or a discharge planner must first try to find services by contacting *all* home health agencies serving the recipient's area.

Documentation must include the following:

- ✓ name of each home health agency contacted
- ✓ name of person contacted at the home health agency
- ✓ date and time of contact

- ✓ information you provided to the home health agency
- ✓ questions you asked to the home health agency
- ✓ responses the home health agency gave

- ② For home health skilled nursing services, the recipient must be confined to a place of residence (homebound), or unable to receive the services outside the residence or from a more appropriate provider.
 - ✓ Refer to HSS 101.03(31), Wis. Admin. Code, for the definition of "confined to a place of residence."
- ③ The recipient must not be eligible for the home health services under Medicare, since home health services must be billed to Medicare before Wisconsin Medicaid.
- ④ All rules in HSS 101-108, Wis. Admin. Code, must be followed. You are responsible for knowing these rules.
 - ✓ Home health services provided by a nurse in independent practice are monitored after payment has been made. Payment for services that do not follow these guidelines is recouped.

Attachment 1
Temporary Prior Authorization Amendment Request Form
for Medication Management Visits (for photocopying)
 (Form Valid Through 11/30/95 only)

Mail to:

EDS

Prior Authorization Unit
 6404 Bridge Road, Suite 88
 Madison, WI 53784

1. Complete this form
2. Mail to EDS

1) Date:	2) Previous Prior Authorization Number:	
3) Recipient Name:	4) Recipient Wisconsin Medicaid Identification Number:	
5) Billing Provider Name and Address:	6) Billing Provider Number	7) Amendment Effective Date: From: To:

8) Reasons for amendment request:

Medication Management Visits: (Note...You do not need to include a copy of the current PA/RF or physician's orders for Medication Management Visit amendments if the amendment is *dated and received* before November 1, 1995. This amendment form for Medication Management Visits is effective October 1, 1995 *only!*)

Effective _____ (MM/DD/YY), transfer approved visits from procedure code W9930 or W9940 (Home Health Nursing Visits) to procedure code W9932 (Medication Management Visit) as follows:

- 1) _____ visits per day, multiplied by _____ days per week, multiplied by _____ weeks left in the prior authorization period = _____ total visits to transfer.
- 2) _____ visits per week, multiplied by _____ weeks left in the prior authorization period = _____ total visits to transfer.
- 3) _____ visits every _____ (state frequency) for the duration left in the prior authorization period = _____ total visits to transfer.

9) Indicate procedure(s) to be amended by hours/visits per day, per week, multiplied by the number of weeks.

RN _____

LPN _____

HHA _____

PT _____

OT _____

ST _____

PCW _____

Other _____

10) Signature _____ Date _____

**Prior Authorization Amendment Form
Completion Instructions**

Element 1 - Date

Enter the date in MM/DD/YY format.

Element 2 - Previous Prior Authorization Number

Enter the seven-digit prior authorization number from the current Prior Authorization Request Form (PA/RF) to be amended. The prior authorization number is located at the top center section of the PA/RF.

Element 3 - Recipient Name

Enter the recipient's name as indicated in element 3 on the PA/RF.

Element 4 - Recipient Wisconsin Medicaid Identification Number

Enter the 10-digit recipient identification number as indicated in element 2 on the PA/RF.

Element 5 - Provider Name and Address

Enter the billing provider name and address as indicated in element 7 on the PA/RF.

Element 6 - Provider Wisconsin Medicaid Number

Enter the eight-digit billing provider number as indicated in element 9 on the PA/RF.

Element 7 - Amendment Effective Date

Enter the dates that the requested amendment should start ('From') and end ('To').

Element 8 - Reason(s) for Amendment Request

Enter the reason(s) for requesting additional service(s) for the recipient. When service is being reduced or discontinued, please indicate the type of service and the date the service is being reduced or discontinued.

This amendment request form is for Medication Management Visit amendments *only*. You do not need to include a copy of the current PA/RF or physician's orders for Medication Management Visit amendments if the amendment is *dated and received* before December 1, 1995. This amendment form for Medication Management Visits is effective through November 30, 1995 *only*!

Element 9 - Procedure Codes

Enter the appropriate procedure code and hours per day, days per week, multiplied by the number of weeks for each service. Indicate *only* the additional services being requested, *not* the revised total of services being requested.

Element 10 - Signature/date

The provider requesting this amendment must sign and date this form.

■ All amendments must include a copy of the HCFA 486 ordering the changed services and a copy of the PA/RF to be amended (*excluding Medication Management Visit amendments before December 1, 1995*). Send the amendment request to:

EDS
Attn: Prior Authorization Unit
6404 Bridge Road, Suite 88
Madison, WI 53784-0088

**Attachment 2
Sample Adjustment Request Form**

I.M. Provider 8 7 6 5 4 3 0 0 DO NOT WRITE IN THIS SPACE

1. PROVIDER NAME

2. PROVIDER NUMBER

3. R&S DATE MM/DD/YY

5. RECIPIENT NAME Im A. Recipient

X X X X X X X X X X X X X X X X

4. CLAIM NUMBER

9 8 7 6 5 4 3 2 1 0

6. RECIPIENT NUMBER

☐ ADD NEW DETAIL(S) TO PREVIOUSLY PAID/ALLOWED CLAIM: (In 7-15, enter information to be added)

☒ CORRECT DETAIL ON PREVIOUSLY PAID/ALLOWED CLAIM: (In 7-15, enter information as it appears on R&S report)

7. DATE(S) OF SERVICE		8.	9.	10. PROCEDURE/ NOC/REVENUE CODE	11.	12.	13.	14.	15.
FROM	TO	POS	TOS	MOD MOD	BILLED AMT	UNIT QTY	EP&OT FAM PLAN	EMG	PERFORMING PROVIDER
07/01/95	07/14/95	4	1	W9930	XXX.XX	2.0			

16. REASON FOR ADJUSTMENT

- ☐ RECDUP ENTIRE MA PAYMENT
- ☐ OTHER INSURANCE PAYMENT \$ _____ (OI-P)
- ☐ COPAY DEDUCTED IN ERROR: ☐ RECIPIENT IN NURSING HOME ☐ COVERED DAYS _____ ☐ EMERGENCY
- ☐ MEDICARE RECONSIDERATION (EOMB's ATTACHED)
- ☒ CORRECT DETAIL (In 7-15, enter information as it appears on R&S report. Enter correct information in comment area)
- ☐ OTHER/COMMENTS:

Please change procedure code W9930 to procedure code W9932.

17. SIGNATURE

18. DATE MM/DD/YY

INSTRUCTIONS: (SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS)

MAIL TO: EDS
8406 BRIDGE ROAD
MADISON, WI 53784-0002

19. ☐ CLAIM FORM ATTACHED
(OPTIONAL)

Attachment 3 Sample Prior Authorization Request Form (PA/RF) for Medication Management

MAIL TO:
E.D.S. FEDERAL CORPORATION
PRIOR AUTHORIZATION UNIT
6406 BRIDGE ROAD
SUITE 88
MADISON, WI 53784-0088

PRIOR AUTHORIZATION REQUEST FORM

PA/RF (DO NOT WRITE IN THIS SPACE)

ICN #
A.T. #
P.A. # 1234567

1 PROCESSING TYPE

120

2 RECIPIENT'S MEDICAL ASSISTANCE ID NUMBER 1234567890		4 RECIPIENT ADDRESS (STREET, CITY, STATE, ZIP CODE) 609 Willow Anytown, WI 55555	
3 RECIPIENT'S NAME (LAST, FIRST, MIDDLE INITIAL) Recipient, Im A.		8 BILLING PROVIDER TELEPHONE NUMBER (xxx)xxx-xxxx	
5 DATE OF BIRTH MM/DD/YY	6 SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	9 BILLING PROVIDER NO. 87654300	
7 BILLING PROVIDER NAME, ADDRESS, ZIP CODE: IM Billing Provider 1 W. Williams Anytown, WI 55555		10 DX: PRIMARY	
		11 DX: SECONDARY	
		12 START DATE OF SOI:	13 FIRST DATE RX:

14	15	16	17	18	19	20
PROCEDURE CODE	MOD	POS	TOS	DESCRIPTION OF SERVICE	OR	CHARGES
W9932		4	1	Med. Mgt. 1v q other week x 53 weeks	26	XX.XX
					TOTAL CHARGE	21 XX.XX

22. An approved authorization does not guarantee payment. Reimbursement is contingent upon eligibility of the recipient and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after authorization expiration date. Reimbursement will be in accordance with Wisconsin Medical Assistance Program payment methodology and Policy. If the recipient is enrolled in a Medical Assistance HMO at the time a prior authorized service is provided, WMAP reimbursement will be allowed only if the service is not covered by the HMO.

23 MM/DD/YY 24 I. M. PROVIDER
DATE REQUESTING PROVIDER SIGNATURE
(DO NOT WRITE IN THIS SPACE)

AUTHORIZATION:

☐
APPROVED

☐ MODIFIED — REASON:

☐ DENIED — REASON:

☐ RETURN — REASON:

GRANT DATE

EXPIRATION DATE

PROCEDURE(S) AUTHORIZED QUANTITY AUTHORIZED

DATE

CONSULTANT/ANALYST SIGNATURE